SUBMIT: COMPLETED APPLICATION, TAX Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138 **Bayfield County** 

BAYFIELD COLUNTY WIS GONSIN

Date State Received)

MAR 2 3 2015

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Permit #: Date: 600 08000

Bayfield Co. Zoning Dept.

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	Annount rate.

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

☐ Shoreland →		Section 34	1/4,	PROJECT LOCATION	4/2	Authorized Agent: (Pers	Contractor:	22200 St #wy 13	Address of Property:	Mutthew .	Owner's Name:	TYPE OF PERMIT REQ
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)  Creek or Landward side of Floodplain? If yes—continue—	Section 34 , Township 51 N, Range 06 W	1/4 Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)		Authorized Agent: (Person Signing Application on behalf of Owner(s))		Hwy 13		Matthew I Lazovik		TYPE OF PERMIT REQUESTED→▶ │ □ LAND USE □ SANITARY □ PRIVY
ke, Pond or Flowage If yescontinue>	er, Stream (incl. Intermittent)  If yes—continue —	_W Town of:	13 //	PIN: (23 digits) 04-0/0 - 2 - 5/- 06	N/A		Contractor Phone: P	Cornycopia WI 54827	City/State/Zip:	PO 60x 185	Mailing Address:	ITARY   PRIVY
Distance Structure is from Shoreline:	Distance Structure is from Shoreline:		Lot(s) No. Block(s) No.		N/A	Agent Mailing Address (include City/State/Zip):	Plumber:	54827	`	Comucopy WI 54827	City/State/Zip:	☐ CONDITIONAL USE ☐ SPECIAL USE
7	<del>``</del>	Lot Size	Subdivision:	.   🗗		State/Zip):				628AS IM		IAL USE 🗆 B.O.A.
Yes Ves	Is Property in Are Wetlands Floodplain Zone? Present?	1, 2/		10 86 Page(s) 16 3	Yes No	Written Authorization	Plumber Phone:	715-475-8462	Cell Phone:	2	Telephone:	).A. DOTHER

X Non-Shoreland						
Value at I Ime of Completion * include donated time &	<b>Project</b> (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
11/2501101	□ New Construction	☑ 1-Story	☐ Seasonal	戊 1	☐ Municipal/City	☐ City
	ă	☐ 1-Story + Loft	🗵 Year Round	□ 2	☐ (New) Sanitary Specify Type:	₹Well
\$   	□ Conversion	☐ 2-Story		□ 3	X Sanitary (Exists) Specify Type: SCAL'C	4,
	☐ Relocate (existing bldg)	□ Basement			☐ Privy (Pit) or ☐ Vaulted (min 200 gall	on)
	Run a Business on	□ No Basement		□ None	☐ Portable (w/service contract)	
	Property	☐ Foundation			☐ Compost Toilet	
	1,11			- Anna Anna Anna Anna Anna Anna Anna Ann	None	
						7
Existing Structur	Existing Structure: (if permit being applied for is relevant to it)	or is relevant to it)	Length: 40		WIGHT: 40	

Proposed Use V Proposed	r i phosed cyristi delloni.		Existing Structure: (if permit being applied for is relevant to it) Length:	
sed Structure	, /#	th: NA	th: 42	
Din		Width: N/A	Width: 26	
Dimensions Square Footage	, , , , , , , , , , , , , , , , , , ,	Height: NA	Height: 15	

				0711170
Proposed Use	۲,	Proposed Structure	Dimensions	Footage
		Principal Structure (first structure on property)	×	
<b>,</b> ,,		Residence (i.e. cabin, hunting shack, etc.)	×	
•		with Loft	×	
Residential Use		with a Porch	×	
,		with (2 <sup>nd</sup> ) Porch	( x )	
	-	with a Deck	( x )	
		with (2 <sup>nd</sup> ) Deck	( × )	
☐ Commercial Use		with Attached Garage	×	
	□	<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	( x	
		Mobile Home (manufactured date)	×	, paragraphic de la constantina della constantin
		Addition/Alteration (specify)	( ×	
Municipal Use		Accessory Building (specify)	×	
		Accessory Building Addition/Alteration (specify)	×	
		7	3	and the second s
	¥	Special Use: Texplain) Home based business	( X x /Z )	96
		Conditional Use: (explain)	( X	
		Other: (explain)	( x	

FAILURE TO OBTAIN A PERMIT ON STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. 23-15

(If there ar	Owner(s):
Multiple Ow	Mark
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the Deed All	,
Owners must	
sign <u>or</u> letteri	
(s) of authoriza	
(If there are Multiple Owner listed on the Deed All Owners must sign or letter(s) of authorization	

Address to send permit

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Cornucopia

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Authorized Agent: accompany this s application)

(If you are signing on behalf of the owner(s) a letter of authorization must

Date

accompany this application)

Date

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

JUN 08 2015

Permit #: Refund: Date: Amount Paid: 8 6.28-18 10-28-IS

INSTRUCTIONS: No permits will be issued until all fees are paid.
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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept

IMIT REQUESTED—> DE Le:  Schrauden bach  operty:  the Lazarik  Lazarik  Lazarik  Lazarik  Lazarik	(r(s))	PRIVY	CONDITIONAL USE  City/State/  St 1445 Now Yor  Plumber:  Plumber:  Agent Mailing Address ()  Agent Mailing Address ()	SPEC SPEC			© B.O.A    00000   0000   0000   0000   0000   0000   0000   0000   0000   0000	Doug Cell  Oboug Cell  Plur  Plur  Atta  Atta  733
escription:	<b>-</b>	3 digits)	<b>-</b> C	W	0000	Recorded Volume_	Volume 57,3	Volume 57,3
0 F PAC   0	Lot(s)		Lot(s) No.		Block(s) No.			Subdivision:
, Township 51	N, Range <u></u>	Town of:		1		Lot Size	Lot Size	Lot Size Acreage
; Property/Land w	ithin 300 feet of River, Stream	m (ind. Intermittent)	Distance Str	ᇤ		ucture is from Shareline :	is from Shoreline : feet	is from Shoreline : feet
Property/Land w	ithin 1000 feet of Lake, Pond	1	Distance St	truct	tructure is from Sho	tructure is from Shoreline :	is from Shoreline : feet	is from Shoreline : feet
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New Construction				8	1 8	1 8	1 8	1 8
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Run a Business or Property			¥ None	+	1 1	1 1	1 1	1 1
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	ipal Structure (first struct ence (i.e. cabin, hunting sl	ure on property) hack, etc.)		1			××	××
	with Loft	***************************************		1				
	with a Porch			1 1			( ×	( x )
	with (2 <sup>nd</sup> ) Porch	The state of the s					×	( x
	with a Deck				, and a second		X	XX
	with (2"") Deck			1			××	×
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		sleeping quarters, c	ır ⊔ cooking &		tood prep taciliti			×
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	sory Building (specify) ssory Building Addition/A ssory Building Addition/A lal Use: (explain)			11			***	100000
Conc	Addition/Alteration (specify) Accessory Building (specify) Accessory Building Addition/A Accessory Building Addition/A Special Use: (explain) Conditional Use: (explain)				and the state of t			L
Where s Name:  What Laza Address of Property:  Contractor:  Matt Laza Authorized Agent: (Person Sig Authorized Agent: (Person	A 2011 K  Township Application on b  Legal Description: (U  Legal Description: (U  Legal Description: (U  Cof 1/4   G  Of 1/4   G  Of 1/4   G  Creek or Landward si  Creek or Landward si  Conversion   Conversion   Addition/Alteration  Relocate (existing bid  Relocate (existing bid  Resided   Princi  Resided   Resided    Greek or Landward si  Resided   Resided    Resided   Resided    Use   Bunk  Use   Bunk    Mobi	Controller   Contr	City/State/Zip:  City/State/Zip:  City/State/Zip:  Contractor Phone: 7/5-4/75-84/62  Agent Phone: 7/5-4/75-84/62  PIN: (23 digits)  Malling Address: 2/7/5-84/64  Agent Phone: 7/5-4/75-84/62  PIN: (23 digits)  Malling Address: 7/5-4/75-84/62  City/State/Zip:  Contractor Phone: 7/5-4/75-84/62  PIN: (23 digits)  Vol & Page  Town of: Proposed Struct  Proposed Struct  Vant to it) Length: Vant to it) Action  Story Loft Proposed Struct  Vant to it) Action  Acti	City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   7/5-8462   7/5-8462   7/5-8462   7/5-8462   7/5-8462   7/5-8462   7/5-8462   7/5-8462   7/5-8462   7/5-9462   7/5	SAMIJAKY   PRIVITED   PRIVITED	City/State/Zip:   City/State/Zip:   2717 East/loft st Mpt   Mew York   Mew	Lodd)   CSM   Vol & Page   Lodd)   No.   Blocks)   No.   Subdivision:	Contractor Phone:   Contractor Phone:   Contractor Phone:   715 - 475 - 8442   Plumber:   Plumber:

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Date

Date 01

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3

Address to send permit

Authorized Agent:

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Owner(s):

SUBMIT: COMPLETED APPLICATION STATEMENT AND FEE TO: Bayfield County Rlanning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

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Refund:	Amount Paid:	Date:	Permit #:
	364	10-25-15	15 GBO

INSTRUCTIONS: No permits will be issued to: Bayfield to: PERMITS HAVE BEEN ISSUED TO APPLICANT.

d County Zoning Department.	issued until all fees are paid.
Cryngu St. Zuma L	

	2 Siloreland	Charles	Section	1/4,	PROJECT LOCATION	Authorized Agent: (Per	Contractor:	Address of Property:	Aby ar	TYPE OF PERMIT RE
	$\square$ Is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)  Creek or Landward side of Floodplain? If yes—continue—▶	, Township N, Range	EUM Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	The state of the s	Address of Property: A740 Mt. Bh Rad	Aby and Ton Bloom	TYPE OF PERMIT REQUESTED ->     LAND USE SAN
If yescontinue	e, Pond or Flowage	r, Stream (Incl. Intermittent) If yescontinue	W Town of: 13-4	CSM Vol & Page 187/61	PIN: (23 digits) 04- 010 2-51 -06-31-4 55-601-	Agent Phone:	Contractor Phone!	City/state/Zip: Cornocopa WI	Mailing Address:	SANITARY PRIVY CONDITIONAL USE
	Distance Str	Distance Str	341	Lot(s) No.	-06-3	Agent Mailing A	Plumber:	Ē	Cit	CONDITION
The second secon	Distance Structure is from Shoreline:	Distance Structure is from Shareline:	e de la companya de l	8	1-+ 15-01-	Agent Mailing Address (include City/State/Zip):	- third common	54827	City/State/Zip:	AL USE SPECIAL USE
feet		<u> </u>	Lot Size	Subdivision:	Recorded Do	State/Zip):				200
No	□Yes	Is Property in Floodplain Zone?	Acreag 2.	A CONTRACTOR OF THE CONTRACTOR	Recorded Document: (i.e. Property Ownership Volume	Written Author	Plumber Phone:	Cell Phone:	Telephon	□ B.O.A. □ OTHER
N X	□Yes	Are Wetlands Present?	Acreage 2 COD	1	erty Ownership	Written Authorization Attached ☐ Yes ☐ No	Phone:	· ñ.	Telephone: 612871954	THER

		□ None			1111		
		☐ Compost Toilet			☐ Foundation	Property	
	ontract)	Portable (w/service con	None		☐ No Basement	□ Run a Business on	
TOUR	i <b>lted</b> (min 200 gallon)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)			☐ Basement	☐ Relocate (existing bidg)	
	ify Type: Jacklurg	X Sanitary (Exists) Speci	□ 3		☐ 2-Story	☐ Conversion	3 8
Xwell	fy Type:	☐ (New) Sanitary Specify Type:	□ 2	☐ Year Round	☐ 1-Story + Loft	Addition/Alteration   1-Story + Loft	\ \
□ Ciŧy		☐ Municipal/City	X 1	Seasonal	X 1-Story	☐ New Construction	
Water	je of Y System yperty?	What Type of Sewer/Sanitary System is on the property?	# of bedrooms	Use	# of Stories and/or basement	Project	Value at Time of Completion * include donated time & imaterial
			-				
							□ Non-Shoreland
NO	No.	feet		If yescontinue	omo nuĝij nor		

Existing Structure: (If permit being applied for is relevant to it)
Proposed Construction:

Length:

Width:

Height:

- Continue and Con				
Proposed Use	<	Proposed Structure	Dimensions	Square Footage
		Principal Structure (first structure on property)	( x )	
T		Residence (i.e. cabin, hunting shack, etc.)	( ×	
		with Loft	×	
*Besidential Use		with a Porch odd ray over the 1shing 12x10	- 22 × 20 -	120%
•		with (2 <sup>nd</sup> ) Porch	×	,
	X	with a Deck	( * × · · · )	99
		with (2 <sup>nd</sup> ) Deck	×	
Commercial Use	•	with Attached Garage	×	
	X	Bunkhouse w/ (🌠 anitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	( C' x C )	300
		Mobile Home (manufactured date) しいんとれないそのはない	( x )	
		Addition/Alteration (specify)	( X	
IVIUNICIPAI USE		Accessory Building (specify)	( x	
Hec'd for Issuer ce	Ö	Accessory Building Addition/Alteration (specify)	( x )	
2 7				
		Special Use: (explain)	( ×	-
O CONTO CONTO		Conditional Use: (explain)	( x )	
Decipialiai Otali		Other: (explain)	( x )	

(If there are Multiple Dwiners light on the Deed All Dwiners must sign or better(s) of authorization must recommend to	owner(s): USM TOUCK	above described proberty at any reasonable time for the purpose of inspection.	may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county	am (are) responsible for the deball and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit.	where the second increases and benefit as the conference of the first and to the best of the find knowledge and benefit is the correct and comp
	Date 4000 10, 2015		n or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the	and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which	imed by the (us) and to the best of my (but) knowledge and belief it is true, correct and complete: I (we) acknowledge that I (we)

Authorized Agent:

Address to send permit

Owner(s): (If there are

are Multip

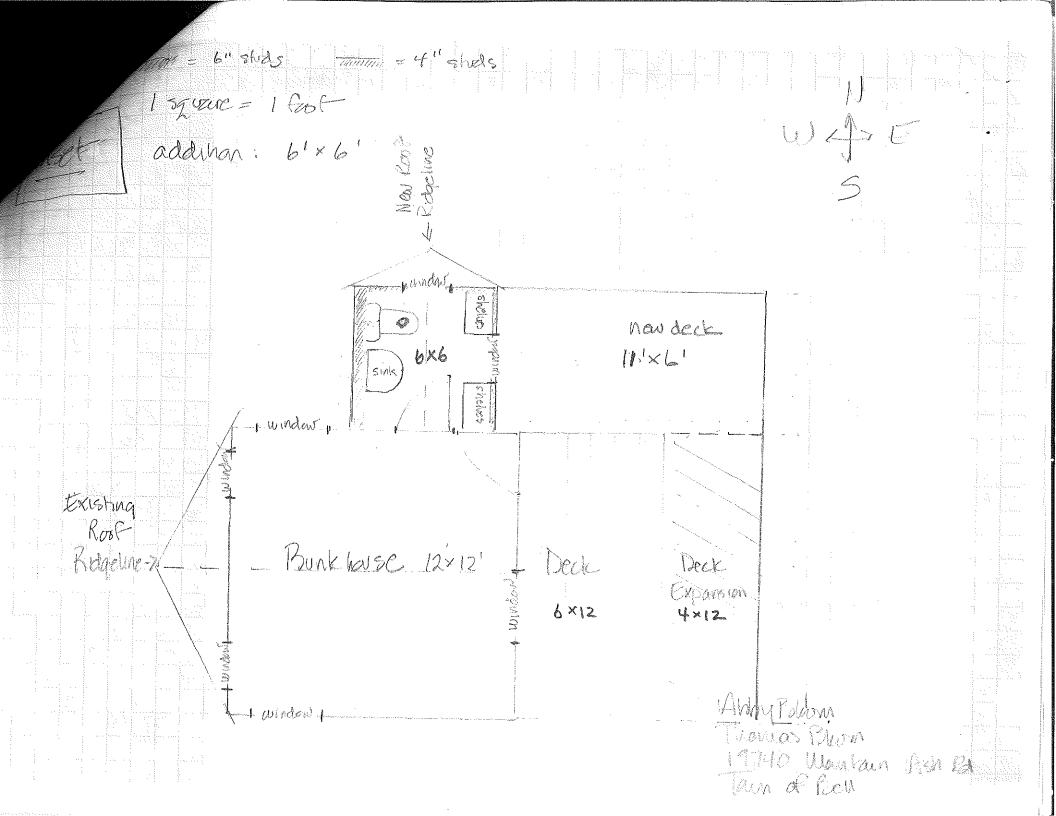
Deed All Owners

must sign or letter(s) of authorization must accompany this application)

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

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SUBMIT: COMPLETED APPLICATION, STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

275 APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



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Refund: Permit #: Amount Paid: 81.58.18 100 N 6-25-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

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					100000		_	<b>8</b>	☐ Municipal Use
-		7			ite)	Nobile Home (manufactured date)			
	<   ×	1-	cooking & food prep facilities)	or a cooking &	leeping quarters,	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters,	+		
		-				with Attached Garage		Use	☐ Commercial Use
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	×				shack, etc.)	Residence (i.e. cabin, hunting shack, etc.)			
Square Footage	Dimensions				Proposed Structure		<del> </del>		Proposed Use
6.	Height:	-	Width: 26	G	Length:			uction:	Proposed Construction:
↓	Height:	1	3		Length:	r is relevant to it)	being applied for	e: (if permit	Existing Structure: (if permit being applied for is relevant to it)
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	oify Type: H.T.	ts) Spe	☐ Sanitary (Exists) Speci	3		□ 2-Story	sion	☐ Conversion	また。
Xwell	Specify Type:			□ 2	Year Round		☐ Addition/Alteration	☐ Additio	
☐ City		Y	☐ Municipal/City	□ 1	Seasonal €	□ 1-Story	Alew Construction	New Co	
Water	What Type of Sewer/Sanitary System Is on the property?	What Type of er/Sanitary Sys on the propert	W Sewer, Is on	# of bedrooms	Use	# of Stories and/or basement	Project	<b>.</b>	Value at Time of Completion * include donated time & material
									☐ Non-Shoreland
	□ Yes	ne: _feet	Distança Strugture is from Shoreline :	Distança-Şaru	Pond or Flowage If yescontinue	□ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue	erty/Land within	□ Is Prop	Snoreland —
in Are Wetlands one? Present?	ls Property in Floodplain Zone?	ne : feet	ture is from Shoreline :	Distance Structure	escontinue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)  Creek or Landward side of Floodplain?  If yes—continue —▶	erty/Land within Landward side o	☐ Is Prop Creek or	-
Acreage 2, 03		Lot Size			Town gf:	N, Range <b>W</b> W	, Township <b>S</b> N	, Town	Section
And the control of th	эп:	Subdivision:	Block(s) No.	1 1	-0 -	Lot(s)	1/4 Gov't Lot	757	1/4,
Property Ow	ed Document: (i.e. Property Owners)	Recorded E	8	5 5 5	PIN: (23 digits) 04- 04- 05- 07- 08- 08- 08- 08- 08- 08- 08- 08- 08- 08	(Use Tax Statement) PIN: (2	<b>cription</b> : (Use Ta	Legal Description:	PROJECT LOCATION
Written Authorization Attached Ves No		te/Zip):	Agent Mailing Address (include City/State/Zip):	ent Mailing Add			application on behalf	erson Signing A	uthorized Agent: (F
Plumber Phone:	Plu			Plumber:	ione:				
Cell Phone:			かまとし	- N	City/State/Zip:	500 €	Woundam 1/2	202	Address of Property:
452118219	6				,	•	towns lows	ı	Transport and
Telephone:								,	1

Owner(s): (If there ar

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sign

or letter(s) of authorization must

accompany this application)

Date

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Secretarial Signi

Authorized Agent:

(If you are signing on behalf of the

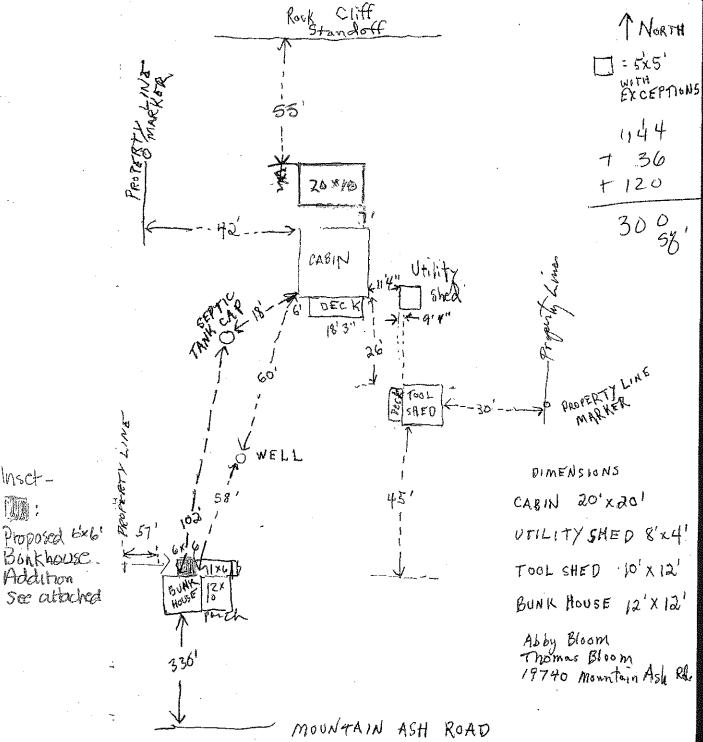
owner(s) a letter of authorization must accompany this

application)

Address to send permit

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES (I've) acknowledge that I (we) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether, to creat and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable type for the purpose of inspection.

vegetation = 50 From 100 For the or	ector:	apply as by as the open	Committee or board Conditions Attached: 12 15	Roard Conditions Attached?   Yes   No.	Process pla	reated Xyes 🗆 No		Is Parcel a Sub-Standard Lot	Réason for Denia Permit Date:	NOTICE PARTY NOTICE	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback mane previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the propomarked by a licensed surveyor at the owner's expense.  (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT),	to Privy (Portable, Composting)  blacement or construction of a structure within ten (10) feet of the minimum required surveyor at the owner's expense.	Setback to Septic Tank or Holding Tank Feet Setback to Drain Field Feet	Setback from the <b>South</b> Lot Line Feet Setback from the <b>South</b> Lot Line Feet	ght-of-Way	Description Measuremen	neasured to the closest p	Please complete (1) – (7) above (prior to continuing)	(2) Show / Indicate: North (N) on Plot Plan (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4) Show: All Existing Structures on your Property (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) H (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%
From the top of the Buff stand	Date of Ap	Structure is prese	To Class them So to	なのうまれ	y Zonin Lakes	Were Property Lines Represented by Owner <b>XYes</b> Was Property Surveyed <b>Yes</b>	100	X	X-16/5 ([= @walking		rom the minimum required setback, the boundary line from which the setback must be measured must be visible from y use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be on. Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).	, the boundary line from which the setback must be measured must be visible from one previously	Setback to Well	Setback from <b>Wetland</b>	Setback from the Lake (ordinary high-water mark)  Setback from the River, Stream, Creek  Setback from the Bank or Bluff			Changes in plans must be approved by the Planning & Zoning Dep	North (N) on Plot Plan  (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%



Insct-

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

P A

4500

NOV 1:02014

Bayfield Co. Zoning Dept.

Refund:

BAYFITA GOWNTY, WISCONSIN BAYFITAD GOWNTY, WISCONSIN Date Spanp (Received)

PE Date: Amount Paid: 11-01-11 SIS

1000

plot plan

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

		>					explain)	Other: (expl			000101
	_	\ \ ;				A CONTRACTOR OF THE CONTRACTOR	Conditional Use: (explain)	Conditio		Coordinal Staff	00000
The Mary	- Q	< >					Special Use: (explain)	Special L		C C	C
	-	Truis Contraction of the Contrac	-27							0 9 3 3	phose serve se serve serve serve serve serve serve serve se serve se serve se se serve se se se serv s se se se se se se se s se s
70 0 0		, ,				Alteration (specify	Accessory Building Addition/Alteration (specify)	Accessor		120003	Hec a lot booms
100		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					Accessory Building (specify)	Accesser		al Use	Municipal Use
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		×	+			ate)	Mobile Home (manufactured date)	Mobile H			
		h ?	cilities) (	cooking & food prep facilities)	밀	□ sleeping quarters,	Bunkhouse w/ ( sanitary, or	Bunkhou			
	t	XI .				rage	with Attached Garage			rcial Use	Commercial Use
- AAAAA	_	×					with (2 <sup>nd</sup> ) Deck				
100	-	×					with a Deck				,,,,
		×					with (2 <sup>nd</sup> ) Parch			ldi Use	Residential Ose
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- Anna Anna Anna Anna Anna Anna Anna Ann	_	×				snack, etc.)	Residence (i.e. cabin, hunting snack, etc.	Residence			
		×   >				ture on property)	Principal Structure (first structure on property)	Principal			
Footage	ons	Dimensions		The state of the s	è	Proposed Structure			4	Use	Proposed Use
				88100		Lengun:				struction:	Proposed Construction:
	Height:	II		width:		Length:	Existing Structure: (if permit being applied for is relevant to it)	ng applied fo	rmit bei	ture: (if pe	Existing Struc
				1 1							
			or conce	- None		Control of the Contro	☐ Foundation		Property	Pro	
		official	Portable (w/service contract)		None		1	Run a Business on	a Busi	□ Rur	
	uited (min 200 gailon)	nuited (m)	it) or Va				□ Basement	Relocate (existing bldg)	cate (e	Rel	000
	700-1	cify Type:	xists) Spe	1	w		☐ 2-Story		Conversion	Con	\$ 500/
- X-Well		Specify Type:	anitary Spec	☐ (New) Sanitary	×2	Year Round	1-Story + Loft	Addition/Alteration	ition/A	Adc	
□ City				i i	1	★ Seasonal	1-Story	□ New Construction	v Const	⊐ Nev	material
Water	3	ype of ary Syster property?	What Type of Sewer/Sanitary System Is on the property?	S	# of bedrooms	Use	# of Stories and/or basement	<b>3</b>	Project		Value at Time of Completion * include donated time &
					-					ğ	☐ Non-Shoreland
											Pin Charalan
No	8	X	is from Shoreline : feet		Distance Structure	or Flowage	K.Ls Property/Land within 1000 feet of Lake, Pond or Flowage	Land within	roperty/	وعتير	X Shoreland -
Are Wetlands Present?	Is Property in Floodplain Zone?	Is Prop	is from Shoreline:	ture is from SI	Distance Structure	if yescontinue	liver, S	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	roperty/ or Land	□ Is P	
		Ø				De l'own or:	N, Range 6 W	ís ໃນ	, Township	3) ,10	Section _
	Acreage	, ,		BIOCK(S) NO.	Lot(s) No.		ot Lot(s) CSM	Gov't Lot	1/4		1/4,
10011	Pagels	10	Volume	4050	15,00	122	(Use Tax Statement) 04- 0		Legal Description:	Legal	LOCATION
Document: (i.e. Property Ownership)	: (i.e. Proper	Document CAL	Recorded				PIN: (23 digits)				
Wilten Authorization Attached □ Yes □ No	Attached			ress (include Cit	Agent Mailing Address (include City/State/Zip):		of Owner(s)) Agent Phone:	tion on behalf o	ng Applica	(Person Signi	Authorized Agent: (Person Signing Application on behalf of Owner(s))
					riumber.	Contractor Phone:	Contra		\ ;	\	Contractor:
ione:	Plumber Phone:				- Andrewson	17		THE SE	4	77	5
028345261	Cell Phone:					te/Zip:				2	Address of Property:
	000		2 / 2 /	Municipal policy will		D T	<u></u>	アラミ	) 5 3	ler i	- m
Telephone: 7543	Telephone:		$\bigcirc$	Zip:		1 000	SAN	□ LAND USE	<b>*</b>	REQUESTE	TYPE OF PERMIT REQUESTED
HER	OTHER	□ ROA	SDECIAI LISE		TOTO NATE	١,	1000	EMESSIO COLVE	I IL MLL .	RUCTION ON	O NOT START CONSTRUCTION

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true; correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying of whis information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable fine feet the purpose of inspection.

(\*\*TO\*\*) \*\*Outpart\*\*

\*\*Outpart\*\*

\*\*Description\*\*

\*\*Outpart\*\*

\*\*PRMIT WILL RESULT IN PENALTIES

(\*\*We) acknowledge that I (we) and the limit to the best of my (our) knowledge and belief its true; complete. I (we) acknowledge that I (we) are the limit to providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable fine feet the purpose of inspection.

\*\*Outpart\*\*

\*\*Outpart\*\*

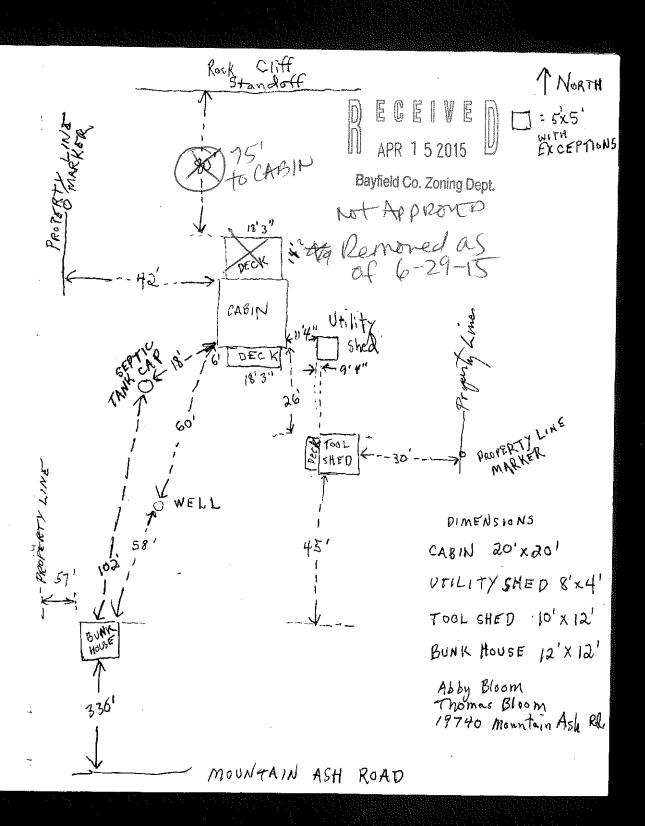
\*\*Description\*\*

\*\*PROVIDED TO\*\*

\*\*PROVIDED TO\*\* Owner(s): WWW (If there are Multiple Owners **Authorized Agent:** (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) lsted on the Deed  $\underline{\mathsf{All}}$  Owners must sign  $\underline{\mathsf{or}}$  letter(s) of authorization must accompany this application) Date

Address to send permit

Hold For Sanitary:	Condition(s):Town, Commi	Date of Inspection: 7314		Granted by Variance (B.O.A.) ☐ Yes ☐ No	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Issuance Information (County Use Only) Permit Denied (Date):	(9) Stake c	other previously surveyed corner or marked by a licensed surveyor at the owner's expense Prior to the placement or construction of a structure more than ten (10) feet but less than one previously surveyed corner to the other previously surveyed corner, or verifiable by th marked by a licensed surveyor at the owner's expense.	Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure with	Setback from the East Lot Line Setback to Septic Tank or Holding Tank	Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line	Setback from the Establis	Setback from the Centerline of Platted Road	Description	Please complete (1) – (8) Setbac					(4) Show: (5) Show: (6) Show any (*): (7) Show any (*):	
Hold For TBA:		JAHAZY VIOS	Yes	C	□ Yes	(County Use Only)	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT)  NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not bey For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dw The local Town, Village, City, State or Federal agencies may also require permits.	surveyed corner or marked by a licensed surveyor at the owner's expense.  ment or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from reversed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be seen a surveyor at the owner's expense.	e, Composting) on of a structure within ten (10) f	t Line	ot Line ot Line ot Line	shed Right-of-Way	ine of Platted Road	iption	complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest point)						Show Location of: Prop Show I notation of (*): (*) D
Hold Fo	Attached? "Yes "NO"  ARESIDE	Naw ASATED				Sanitary Number: Reason for Denial: Permit Date: 1	ation(s) of New Construction (1) Yes ermits Expire One (1) Yes ne & Two Family Dwelling (2) Town, Village, City, Stotal Town, Village, City,	the owner's expense.  10) feet but less than thirty (30) faller, or verifiable by the Departme	equired		\(\text{verse}\)	*	+100	Weasurement	point)					vell (W); (*) Septic Tank del; (*) River; (*) Streau ake; (*) River; (*) Streau vetlands; or (*) Slopes (*)	Proposed Construction North (N) on Plot Plan (*) Priveway and (*) Frontal
Hold For Affidavit:	TIF No they need to be attached.) TO FOLK IS APPOINTED BY IN A			Previously Granted by Variance	O O O O O O O O O O O O O O O O O O O	9	uction, Septic Tank (ST), ar from the Date of Issuar Fom the Date of Issuar Hall Municipalities Are ate or Federal agencies m	et from the minimum required sont by use of a corrected compass	the bour		Feet Setback from Wetland Feet 20% Slope Area on pro				249	2,5				All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%	<b>se Road</b> (Name Frontag
E 22 F 5 5 6 6 7 7 1 5 6 6 7 7 1 5 6 6 7 7 1 5 6 6 7 7 1 5 6 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 7 1 5 6 7 1 5 6 7 7 1 5 6 7 1 5 7 1 5 7 1 5 7 1 5 7 1 5 7 1 5 7 1 5 7 1 5 7 1 5 7 1 5 7 1 5 7 1 5 7 1 5 7 1 5 7 1 5	attached) Approved Ap		Were Property Lines Represented by Owner Was Property Surveyed	ed by Variance (B.O.A.)	red Yes No	# or bedrooms:	Drain field (DF), Holdin nce if Construction or Use Required To Enforce The ray also require permits.	etback, the boundary line from w from a known corner within 500	idary line from which the setback must be measured must be visible	loodplain	Setback from Wetland 20% Slope Area on property	Setback from the River, Stream, Creek Setback from the Bank or Bluff	the Lake (ordinary high	Description	Changes in plans must t			٠		-); (*) Holding Tank (HT	P Road
	CANA CANA CANA CANA CANA CANA CANA CANA		wner	Case #:	Affidavit Required Affidavit Attached	sanitary Date:	2 5 09 5	hich the setback must be measur leet of the proposed site of the s	from				-water mark) 100 1/-		Changes in plans must be approved by the Planning & Zoning Dept.					) and/or (*) <b>Privy</b> (P)	
	DE DELL LANDINA (Approval: 1977)	Zoning District (P) Lakes Classification (1- Supply) Date of Re-Inspection:	U □ No		□ Yes □ No		Privy (P), and Well (W). un. elling Code.	red must be visible from tructure, or must be	one previously surveyed corner to the	Feet	Feet	Feet		Measurement	ning & Zoning Dept.						



Bayfield'County
I Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN Date Shapp (Receives) JUN 042015 

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

Refund:		Amount Paid:	Date:	Permit #:
	C to	7	6	<b>5</b>
	0-28-IS	5	31.80	90%

Bayfield Co. Zoning Dept.

APPLICANT. HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)	Section 36 , Township 51 N, Range 6	1/4,1/4 Gov't Lot Lot(s)	LOCATION Legal Description: (Use Tax Statement)			Authorized Agent: (Person Signing Application on behalf of Owner(s))	Steve Denter		24355 Hwy 13	111 West Cas - in Carl	in I all Eller Flort	Owner's Name:	TYPE OF PERMIT REQUESTED → ☐ LAND USE ☐ SAF
	W Town of:	CSM Vol & Page Louis) No.	04-010-2-51-06	PIN: (23 digits)		Agent Phone: Age	715-209-5606	Contractor Phone: Plu	Corrección WI 548.27	City/State/Zip:	434 White	Mailing Address:	IITARY 🗆 PRIVY 🗇 CI
Distance Structure is from Shoreline:	Bell	totts) no.   biotras) no.	10			Agent Mailing Address (include City/State/Zip):		Plumber:	WI 548.27		434 Whithield It Guited, I Ob	City/State/Zip:	☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE
	FOI Size	Subgressor.	Volume	Recorded Docume		State/Zip):					CT 06437		
Is Property in Are Wetlands	10.7	According	Page(s)	<b>Document:</b> (i.e. Property Ownership)	□ Yes □ No	Written Authorization Attached		Plumber Phone:		Cell Phone:		Telephone:	B.O.A. OTHER

Value at Time	□ Shoreland →	
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent)  Creek or Landward side of Floodplain? If yes—continue —▶
	Distance Structure is from Shoreline : feet	Distance Structure is from Shoreline : feet
	□ No	in one?
	□ No	Are Wetlands Present?

					 	370000	· ·		material	Value at Time of Completion * include donated time &
	- Address - Addr	וו	Property	☐ Run a Business on	Relocate (existing bldg)	☐ Conversion	≰Addition/Alteration	☐ New Construction		Project (What are you applying for)
A Constitution (Algorical Agrana green value agran			□ Foundation	☐ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	₹ 1-Story		# of Stories and/or basement
I math.	- turbus	,			1.11111		☐ Year Round	Seasonal		Use
				□ None			K2	_ <b>1</b>		# of bedrooms
Width:	The state of the s	None	Compost Toilet	☐ Portable (w/service contract)	Privy (Pit) or Vaulted (min 200 gallon)	(1)3V/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(New) Sanitary Specify Type:	☐ Municipal/City		What Type of Sewer/Sanitary System Is on the property?
			<u>]</u>				□ X Well	City		Water

	El phosen collect action:	n Length:	Existing Structure: (if permit being applied for is relevant to it)   Length:	1
		Width:	Width:	
Dimensions	(	Height:	Height:	

Proposed Use	₹	Proposed Structure	Dimensions
		Principal Structure (first structure on property)	×
		Residence (i.e. cabin, hunting shack, etc.)	×
		with Loft	×
K Residential Use		with a Porch	×
		with (2 <sup>nd</sup> ) Porch	×
		with a Deck	×
		with (2 <sup>nd</sup> ) Deck	×
☐ Commercial Use	ļ	with Attached Garage	×
		Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)	×
			1
}	K)	Addition/Alteration (specify) Bed room /TAX//10	al x ht)
Municipal Use		Accessory Building (specify)	× ×
		Accessory Building Addition/Alteration (specify)	~
		Special Use: (explain)	×
		Conditional Use: (explain)	×
		Other: (explain)	×

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) declare that this application (including any accompanying iperfination) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) esponsible for the detail and accuracy of all information ((we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on high information (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonably time for the purgues of inspection. Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

Address to send permit

Owner(s):

e Owners listed

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Date

Attach
Copy of Tax Statement
Gopour recently purchased the property send your Recorded Deed

NO.

permi

BMIT: <u>COMPLETED</u> APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Strop (Received)

Bayfield Co. Zoning Dept. JUN 22 2015

Refund: Permit #: Amount Paid 80.03 623

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

	_	×					(plain)	Other: (explain)		
	)	×	-				Conditional Use: (explain)	Condition		
	-	:	-				Special Use: (explain)	Special Us		
	-		1							
	,	>	-			itelation (specify)	Accessory building Addition/Arter addit (specify)	Accessor	L	
	- -	×	†			toration (coocifu)	Ruilding Addition /A	Accesson		
,	_		_				-	Accessory Building	1	Municipal Use
とられ	( F 2	() ×	- N	87C0~	で シンチタ	YOU !	Addition/Alteration (specify)	Addition/	R	
	_	×	_		***************************************	.е)	Mobile Home (manufactured date)	Mobile H		
	_	×	_	४ food prep facilities)	<u>or</u> □ cooking &	l sleeping quarters, o	<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	Bunkhous		
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	_	×	_				with (2 <sup>na</sup> ) Deck			
	_	×	-				with a Deck			
		×	-				with (2"°) Porch			
	_	×	-				with a Porch		¥	* Kesidential Use
	_	×	_				with Loft			
	_	×	-			hack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence		
'Ay de made de mé amont de management de man	)	×	-			ure on property)	Principal Structure (first structure on property)	Principal		
Footage	)ns	Dimensions			Ö	Proposed Structure				Proposed Use
Scillage										
4	Height:	<b>T</b>					がなく	としているないの	tion: //	Proposed Construction: ハルン
/9	Height:	I		Width: 24		Length: 20	r is relevant to it)	ng applied fo	(if permit be	Existing Structure: (if permit being applied for is relevant to it)
				□ None						
			et				☐ Foundation		Property	
		ontract)	ervice co		□ None		□ No Basement	iness on	□ Run a Business on	
allon)	in 200 ga	ulted (min 200 gallon)	or * Va	A Privy (Pit) or			□ Basement	existing bldg)	Relocate (existing bldg)	
	H	cify Type:	s <b>ts)</b> Spe	Sanitary (Exists) Specify Type:	3		☐ 2-Story	3	□ Conversion	000
© Well		Specify Type:		☐ (New) Sanitary	□ 2	☐ Year Round	发 1-Story + Loft	Alteration	X A <del>dditio</del> n/Alteration	n
□ City			ŧу	☐ Municipal/City	<b>X</b> 1	X Seasonal	☐ 1-Story	truction	New Construction	
Water	Ħ	What Type of Sewer/Sanitary System Is on the property?	What Type of er/Sanitary Sys on the propert	V Sewei Is oi	# of bedrooms	Use	# of Stories and/or basement	ect	Project	Value at Time of Completion * include donated time & material
						ii yeztu				□ Non-Shoreland
	□ Yes ⊠No	<b>ì</b> ⊗ □ -	feet	ucture is from Shoreline:	Distance Structure		酱 Is Property/Land within 1000 feet of Lake, Pond or Flowage	y/Land withir	M Is Propert	Shoreland →
Are Wetland	Property in	ls Pro	line :	Distance Structure is from Shoreline :	Distance Stru	itream (incl. Intermittent)	☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain?	y/Land withir ndward side c	☐ Is Propert Creek or Lai	
Acreage	Acr		Lot Size		114	Town of:	N, Range OG W	50	, Township	Section 2
		on:	Subdivision:	Block(s) No.	Lot(s) No.	VI Vol & Page	Lot Lot(s) CSM	Gov't Lot	1/4	1/4,
Document: (i.e. Property Ownership  Page(s) 338	nt: (i.e. P. Pa	S 74	Recorded	05-004-	6-21-2	PIN: (23 digits) 04- 0/9 - 2-56 - 6	(Use Tax Statement) 04- 0		Legal Description:	PROJECT LOCATION
s □ No	□ Yes				\	-		(January 1997)	2000	
Written Authorization	Written A		ate/Zip):	Agent Mailing Address (include City/State/Zip):	gent Mailing Ac			lication on behal	rson Signing App	ent: (Pe
Plumber Phone:	Plumb				Plumber:	Contractor Phone: P	Contr 7)5	070	i con contraction of the contrac	Contractor: ペートシャンデ
751-32-2	751			54827	رح اط	0 RN J C 3 PR 13	<i>DK</i> , c	540245	ر ا ا ا	21455 515812
Cell Phone: 8/5	0	0/78	6	Y CANDRE I	<u>0</u> 2 5	かながら Polyson		レイスション	MARCO	Address of Property:
Controller & Controller	o į			city/state/cip.		Maining Address.	I VI GIST			Chaire 2 secure.
見	<b>.</b>	□ B.O.A.	AL USE	AL USE SPECIAL USE	CONDITIONAL USE	□ PRIVY	SAN	LAND USE	QUESTED-	TYPE OF PERMIT REQUESTED—
			SENTIMENT	3	ARTIST ASSOCIATION CONTRACTOR	E E E E E E	7	L WEKIMITS MAY	CON ONLE W	DO NOI SIAKI CONSINON

Attach
Copy of Tax Statement
roperty send your Recorded Deed

Owner(s):

8

(If there are Multiple

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

If we declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and has that I will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing and has it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable the prope

Authorized Agent:

(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

eed All Owners must sign or letter(s) of authorization

must accompany this application)

Date

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KMSwaM

Address to send permit

1205

BRISTOR

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57 agrance

60178

Date